



# Pest Control Agreement

OFFICE USE ONLY

Acct No. \_\_\_\_\_

E file: \_\_\_\_\_

License #9118

## BILLING INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax \_\_\_\_\_

E Mail \_\_\_\_\_

## SERVICE ADDRESS(ES)

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Misc \_\_\_\_\_

## TARGET PESTS

Other \_\_\_\_\_

Scorpions

Carpenter Ants

Bed Bugs

Rodents

Roaches

## CLASSIFICATION

Multi Family

Commercial

Real Estate

## SERVICE PROGRAM & FREQUENCY

Weekly

Bi Weekly

Monthly

Quarterly

Bi Annual

Other \_\_\_\_\_

## PRICING

Initial Service: \_\_\_\_\_ Repetitive Service: \_\_\_\_\_ Other: \_\_\_\_\_

Tax \_\_\_\_\_ TOTAL: \_\_\_\_\_ Check \_\_\_ Cash \_\_\_ Card \_\_\_

## SCHEDULING AND SPECIAL PROTOCOLS

*I agree to the terms and conditions in this Agreement. Payment terms are due upon service.*

CUSTOMER: \_\_\_\_\_

DATE: \_\_\_\_\_

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